RATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

"A Method, a Sender, a Receiver,	an Optical Networ	k Element and a Serialized Packet For	nat for Transmitting Packets",
the application of which is attached hereto	OR	☐ was filed on as United States Application Number Number (Confirmation No	er or PCT International Application), and was amended on Capplicable).
I hereby state that I have reviewed an amended by any amendment specifically			cation, including the claims, as
I acknowledge the duty to disclose in continuation-in-part application(s), mate and the national or PCT international fil	erial information w	which became available between the fil	
I hereby claim foreign priority benefit inventor's or plant breeder's rights certi country other than the United States of application(s) for patent, inventor's or p date before that of the application on wh	ficate(s), or 365(a) America, listed be plant breeder's right	of any PCT international application (elow and have also identified below, buts certificate(s), or any PCT internation	s) which designated at least one by checking the box, any foreign
Prior Foreign Application Number(s)	Country	Faurian Filing Date	Priority Claimed
03290481.5	Europe	Foreign Filing Date Feb. 28, 2003	x \square
I hereby claim domestic priority benefit United States provisional application(s) below and, insofar as the subject matter PCT International application in the mater my duty to disclose any information materials.	o, or §365(c) of any of each of the clain of each of the clain of each of the patential to the patential	y PCT International application(s) designs of this application is not disclosed the first paragraph of Title 35, United Stability of this application as defined in	gnating the United States, listed in a listed prior United States or tates Code, §112, I acknowledge and 37 C.F.R. 1.56 which occurred
Prior U.S. or International Application Nun	nber(s)	U.S. or International Filing Date	Status
I hereby appoint all attorneys of SUG below as my attorneys to prosecute this	application and to		tes Patent and Trademark Office

at the sole discretion of Sughrue Mion, PLLC, and request that all correspondence about the application be addressed to the address filed under the same USPTO Customer Number.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVE	NTOR:					
Given Name (first and middle [if any]) Wolfram		Family Name or Surname LAUTENSCHLÄGER				
Inventor's Signature	Yahulliger		Date	8 Dec 2003		
Residence: City Sachsenheim	State	Country Germany		Citizenship German		
Mailing Address: Lessingstr. 19						
City 74343 SACHSENHEIM	State	Zip		Country Germany		
NAME OF SECOND INVENTOR:						
Given Name (first and middle [if any])	Family Name or Surname					
Inventor's Signature	T		Date			
Residence: City	State	Country		Citizenship		
Mailing Address:						
City	State	Zip		Country		
NAME OF THIRD INVENTOR:						
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature			Date			
Residence: City	State	Country	• .	Citizenship		
Mailing Address:						
City	State	Zip		Country		
NAME OF FOURTH INVENTOR:						
Given Name (first and middle [if any])	Family Name or Surnan	amily Name or Surname				
Inventor's Signature			Date			
Residence: City	State	Country		Citizenship		
Mailing Address:	Y					
City	State	Zip		Country		
NAME OF FIFTH INVENTOR:						
Given Name (first and middle [if any]) Family Name or Surname						
Inventor's Signature			Date			
Residence: City	State	Country		Citizenship		
Mailing Address:						
City	State	Zip		Country		